



EVENT EVALUATION FORM

Name:

Last

First

M.I.

Address:

Street

City

State

Zip

AQHA ID#:

Show Name:

City & State:

Show Date:

I am a (check all that apply)

- YOUTH
- AMATEUR/SELECT
- NOVICE
- OPEN COMPETITOR
- AQHA PROFESSIONAL HORSEMEN
- TRAINER
- OWNER
- VENDOR
- PAID SHOW MANAGER OR EMPLOYEE
- SHOW VOLUNTEER
- RING STEWARD
- _____

OTHER (PLEASE SPECIFY)

Please check one:

- This is my first time at an AQHA approved show
- I have been to an AQHA approved show before
Please specify # of times _____
- I typically show at AQHA approved shows
- I always show at AQHA approved shows

Please rate each item 1 through 5:

(1-Poor; 2-Average; 3-Good; 4-Very Good; 5-Excellent; n/a-not applicable)

- ___ Overall Facility
- ___ Stall Safety
- ___ Facility Cleanliness
- ___ Arena Quality
- ___ Food Service
- ___ Hospitality/Exhibitor Parties
- ___ Vendors
- ___ Horse services (farrier, veterinarian, etc.)
- ___ Trophies/Awards/Ribbons
- ___ Schedule Fees
- ___ Prize Money
- ___ Show Office Personnel
- ___ Classes offered
- ___ Judging

How did you hear about this show?

Why did you come to this show?

What did you like the best?

What did you like least?

What would you change about this show?

Do you plan to return next year?

- Yes
- No
- Not Sure

Other Suggestions:

